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ON THE NATURE, DIAGNOSIS AND TREATMENT OF INCIPIENT PHTHISIS.

[Continued from page 413.]

Inspection.—On baring the chest, and placing the patient in a direct light, at the same time taking care that he use no muscular exertion, we are not unfrequently enabled to detect a marked difference in the form and rotundity of the upper part of the chest. This in some cases is very slight, or even unobservable, while in others it amounts to indisputable softening or flattening of the infra-clavicular region. To this is sometimes added an insufficient elevation of the three or four superior ribs on one side of the chest. The difference, if not very appreciable, may occasionally be rendered more so by the application of the expanded hands simultaneously beneath both clavicles, when we often perceive, on directing a full inspiration, that the ribs on one side rise with elasticity, as in health, while on the opposite side they remain comparatively motionless.

These signs, of minor import when isolated, when combined with the evidences obtained by auscultation and percussion, tend to throw considerable light on a doubtful case, and as such should never be omitted in the examination. The causes on which the above phenomena depend, are, I imagine, to be attributed to whatever obstructs the admission of air into the minute bronchial tubes. This may arise from thickening of the tubes themselves; compression by tuberculous deposit; partial atrophy of the pulmonary tissue from inactivity, often increased by adhesions; to which should be added, wasting of the thoracic muscles.

With the above phenomena may be included the occasional occurrence of diminished vocal vibration, as perceived on applying the expanded hands upon the upper parts of the chest. This becomes more apparent in those cases in which the tuberculous matter is deposited with the greatest rapidity, and confined *en masse* to the apex of the lung.

Auscultation.—I have selected the examination of the signs deducible from auscultation, prior to those from percussion, inasmuch as I feel persuaded, that, to a practised ear, the minute changes which take place in the respiratory murmur in the earliest stages of incipient phthisis are more appreciable, and more decisive of the disease, when investigated by the auscultatory phenomena, than when too implicit reliance is placed on the minute shades of dulness as elicited by the most careful percussion.

For practical purposes the physical changes affecting the normal respiratory murmur, may be advantageously divided into those pertaining to the sounds of inspiration, and those proper to expiration.

I may in this place again repeat the importance of examining and concentrating the attention on each sound separately; at the same time carefully comparing the results with the phenomena observable on the corresponding side, and in other parts of the chest.

The murmur audible during the act of inspiration may be simply decreased in duration and intensity; for instance, if fixed at 10, the nominal healthy standard of M. Fournet, it may fall to 4, or even to 2; and in cases of rapid deposit may become inaudible. The same murmur frequently undergoes great alteration in character, conveying to the ear the impression of hoarseness, roughness, or dryness; the "rude inspiration," of some authors. This depends principally upon compression of the minute bronchial tubes by tuberculous deposit, thereby causing an undue vibration in the passage of the air to the terminal cells; it arises partly, also, from a thickened state of the tubes themselves.

The occasional abrupt or jerking rhythm of the respiratory murmurs depends in part upon the same cause, and partly, also, according to Barth and Roger, upon the impediment to the free expansion of the lung, in consequence of inter-current pleuritic adhesions. This want of continuity in the act of respiration I have hitherto only met with below the clavicles. Dr. Walshe, in his valuable little work on Physical Diagnosis, just published, states that he has detected this phenomenon, at the lower parts of lungs, whose summits and upper parts presented the signs of cavities. Jerking respiration is commonly confined to the murmur of inspiration; I have, however, in a few instances found it of a double and treble character, accompanying the expiratory sound; the inspiratory murmur, with the exception of being harsh and dry, remaining unaffected. Abrupt respiration, especially when accompanied by dulness on percussion, and flattening or insufficient expansion of the infra-clavicular region, becomes a valuable sign of incipient tubercle.

The murmur of expiration is liable to marked alteration in the earlier stages of phthisis pulmonalis, and when present is likewise a valuable indicative sign of the existence of the disease. This murmur, which, in the healthy lung, is nearly audible (although not completely so, as stated by some), is now greatly increased both in duration and intensity. Placing with M. Fournet the ideal standard of natural respiration at 2, it may become prolonged to 20, which this author fixes as the maximum; at the same time it passes through the different gradations of quality and intensity, to the extent in some instances of entirely masking the preceding murmur of inspiration.

Independently of the changes to which the natural respiratory sounds are liable, auscultation frequently reveals other phenomena, which, especially when co-existing with those above detailed, prove of invaluable import in the early diagnosis of this insidious disease.

Under this head are included the various rhonchi audible in the different stages of the malady: for our present purpose it will suffice to notice those only which obtain at the very commencement of the affection.

These sounds may be divided into the dry and moist; the former being almost exclusively confined to the incipient stage alone of pulmonary phthisis.

Of the dry sounds are the sensation of crackling, crumpling, &c., communicated to the ear during inspiration; these, when very marked, not unfrequently appear to blend the sounds of inspiration and those of expiration in one continuous soft rustle. I have succeeded in very closely imitating this sound by loosely enclosing a small piece of tissue paper in a large silk pocket-handkerchief; this, when gently grasped and held near the ear, at the same time using alternate compression and relaxation, yields an indistinct crumpling sound, very similar to the one in question. The mechanism of the production of this sound is somewhat obscure; as, however, it has been heard only in the first stage of tubercles, its import as a diagnostic auxiliary is very valuable. M. Fournet states that he was enabled to detect the dry crumpling sound in the wards of La Charité, in the proportion of about one case to eight of incipient phthisis. My own experience hitherto is in favor of a smaller ratio than the above.

Another sound, which I have heard more frequently, and which appears to be a mere modification of the crumpling, is an occasional plaintive whining note, audible during inspiration only, and principally at the termination of that act. This latter sound occurs only at intervals, and in general requires a forced inspiration for its development.

The only other abnormal phenomenon whose pathological signification, when confined to the apices of the lungs, is strongly indicative of commencing phthisis, is the pulmonary crackling, or moist sounds above alluded to. This consists of a succession of minute cracklings, audible only during inspiration. In its commencement, it possesses the character of dryness, differing but little from the crumpling sound already described; as the disease advances, the dry crackling gradually becomes moist, and is then indicative of tuberculous softening. M. Fournet, who considers the dry crackling as distinct from the sound of crumpling, states that he recognized it in eight out of ten cases of incipient tubercular affection.

Such are the various rhonchi occasionally audible during the early stage of pulmonary consumption; and great as unquestionably is their diagnostic import, when present, still we must carefully avoid inferring from their absence (other indications obtaining) the non-existence of the disease. The only remaining physical signs revealed by auscultation are an increased resonance of the voice and cough, amounting even to modified bronchophony; together with an unusual distinctness of the sounds of the heart below the clavicle; that viscus and the great vessels being at the same time in a healthy condition. These phenomena depend upon a condensation of the upper part of the lung, either by clusters of tubercles, by tubercular infiltration, by hepatization, or by the three states combined, the two last being hardly distinguishable.

Percussion.—As already stated, the results afforded by this mode of investigation are not so early applicable to the diagnosis of the signs of incipient phthisis as the alterations in the character of the respiratory murmur; these latter frequently presenting, in conjunction with general symptoms, prior to the existence of any marked difference in the comparative resonance of the chest. When percussion, however, yields a dull sound, it may then, perhaps, *cæteris paribus*, be esteemed a more valuable indication of the disease than any of the foregoing signs, demonstrating as it does the positive deposition of tuberculous matter.

The amount of dulness, as elicited by careful percussion, varies greatly; in some cases a merely increased resistance to the finger is alone appreciable, while, in others, the sound resembles that obtained on percussing the thigh.

In conducting the examination, a few general rules may be advantageously borne in mind.

The position of the patient, as during auscultation, must be unconstrained, the arms being placed exactly in the same position; as the bulging out of the chest, or irregular contraction of the pectoral muscle, might materially modify the sound, and thereby lead to error; the chest, if possible, should be uncovered, or, if covered, the same thickness of linen should be maintained, carefully avoiding folds. Mediate percussion is preferable to immediate; while a light, smart tap, frequently repeated, yields a much more delicate and accurate result than a heavy stroke. I have invariably found the index finger of the left hand the best pleximeter, and a clearer sound obtained by striking its palmar than its dorsal aspect; the depression immediately below the clavicles yields a more accurate result than by tapping the bone itself; in doubtful cases all the regions of the class should undergo a careful examination, as well by percussion as by auscultation; the great practical rule, however, to be followed, is to *immediately* compare the resulting sound with that elicited from a *precisely* corresponding situation on the opposite side, striking with the same firmness, and *perpendicularly* upon the finger.

The minute shades of difference in sound may sometimes be rendered more apparent by tapping the chest during forced inspiration and forced expiration, as by these means tuberculous deposit may, in some cases, be discovered, even if overlapped by a portion of healthy or emphysematous lung.

In conducting the physical examination of incipient phthisis, the stethoscopist, however conversant with auscultatory phenomena, must never lose sight of the all-important principle of comparison. For example, feebleness of respiration we have seen to be a sign of commencing tuberculous deposit. True: but it is a sign also of pulmonary emphysema, bronchitis, and pleurisy with effusion; besides which, it is caused by pleurodynia, stricture of the larynx, partial obstruction of the bronchial tubes, or compression of these tubes by enlarged glands, tumors, &c.; and lastly, the entire lungs may sometimes exhibit a naturally feeble murmur, without concomitant disease. How, then, are we to test the value of this sign as an indication of incipient phthisis? By careful comparison, not only with the corresponding sounds of the opposite side, but with those in the different regions of the same side; by investigating the other physical signs which may obtain, particularly the changes in inspiration and expiration; by percussion; and also by recollecting that phthisis almost invariably commences in, and is at first confined to, the apices of the lungs; and of these, in general, the one is affected in a greater degree, or advances more rapidly, than the other.

The same principle of comparison holds good in the differential signification of many of the other signs of incipient phthisis, and, as such, claims throughout the examination the fullest importance, as being the only mode of avoiding error, and also of arriving at a correct diagnosis.

Recapitulation.—Having now examined in detail the various physical signs which obtain in the earliest stages of phthisis pulmonalis, it may be advantageous, prior to considering the treatment, briefly to recapitulate these phenomena, in the order in which they already stand. We have, then:—

1. Alterations in the form of the two sides of the chest, amounting, in some cases, to complete sinking in of the supra and infra clavicular spaces.
2. Insufficient expansion in the upper parts of the corresponding sides of the chest.
3. Decreased vocal and tussive fremitus, as felt below the clavicles.
4. Comparative diminution of the duration and intensity of the inspiratory murmur.
5. Augmentation of the intensity and duration of the expiratory sound.
6. Alterations in the character and quality of both murmurs, becoming rough, harsh, dry, &c.
7. The various rhonchi; the crackling or crumpling sound, dry at first, becoming afterwards moist; the plaintive, whining or cooing note; and other occasional abnormal sounds, all indicative of the commencement of the disease.
8. Increased resonance, both of voice and cough, becoming more or less bronchophonic.
9. Undue transmission of the sounds of the heart through the tuberculated part of the lung.
10. Comparative dulness on percussion, with alterations in the quality of the sound elicited.

It will seldom occur, indeed it is scarcely possible, for all the above signs to exist at the same time in any one case of incipient consumption, although we are not unfrequently enabled to detect their successive appearance as the disease advances. The greater number that can be combined in any particular case, the more marked their character, and especially if conjoined with general symptoms, the more accurate will our conclusion be, and the more decidedly may we pronounce on the positive existence of the disease.

[To be continued.]

RARE CASE OF FILAMENTOUS OR ENTOZOON WORMS.

By Jonathan Green, M.D.

In the London Lancet for the 13th of May, a correspondent, who signs himself a "Constant Subscriber," solicits a reply to the following question:—"Is there a disease of the skin where living animals, or insects, are turned out?"

I would refer the inquirer to almost any of the works of generally accepted authorities on diseases of the skin, wherein he will find many of them that take their names from the very circumstance of the presence of organized living animalculæ, generated from larvæ deposited in the true skin and its tissues. The æestrus, for instance, so common in cattle and sheep, and which are recorded to inhabit the human body, by persons to whom every credence is due. The gordius, or guinea worm, is another instance. Some mostly exist on the epidermis, but, nevertheless, penetrate its tissues and substance, as the pulex penetrans, the jigger of hot climates, the acarus scabiei, &c. I will only allude to the numerous parasitic animalculæ so commonly attendant on various diseases of the surface, where the integrity of the skin is broken, where the health is broken down, and often from want of mere cleanliness.

I would now briefly relate a case, amply confirming that living animals do infest the human body; it is the only case of the kind I have ever seen, but it will, perhaps, be sufficient to satisfy your correspondent.

Nearly five years since a lady came to take the sulphur-fumigating baths in Great Marlborough street. Having taken a sulphur fumigation, in the evening the female bath-attendant told me she had that day had a very queer case; that the lady thus spoken of, on coming out of the bath, was covered with hundreds of small worms, some nearly an inch long, which had continually kept jumping out of the skin whilst the lady was dressing. Although, from the respectability of the attendant, I ought to have placed more confidence in what she said, I hastily told her not to tell me such nonsense. The next day the lady had another fumigating bath, and a similar report was made to me, but more exaggerated in detail than the first report, and to which I again paid little attention. The lady had a third fumigation—the same effect was produced, and again reported to me. After taking the fourth fumigation, the lady, hearing of my unbelief, requested my attendance in the dressing-room, to witness the fact. I then saw hundreds upon hundreds of these worms escaping from the skin of the legs, arms, and body; the carpet where she had stood whilst dressing was covered with them. They kept jerking themselves from the skin—a sort of jumping—and they had the power of ejecting themselves to the distance of twelve to twenty inches, as nearly as I could guess. With a towel I wiped some of the parts myself, where I saw these worms projecting from the skin; some of them extended more than half an inch from the surface, and these, when approached by the towel or finger, ejected themselves out with considerable force; others, not more out than about a quarter of an inch, were broken off by the towel, wiping, and those that were only out about the eighth of an inch would retract themselves for a few seconds, and then again show themselves ready for, and in progress of, escape. On putting the towel on the table I was astonished to see it covered with these animals, that dropped from the folds of the napkin. They were, for the most part, about an inch in length, but there were others of various shorter lengths. They were pink in color, and transparent, with dark-brown heads, though the larger ones had the heads quite black; these appearances were amply distinct without a glass. In thickness they were about the size of a strong hair or bristle. During the few succeeding days I had an opportunity of showing some hundreds that I had collected to several medical friends that called on me. I have some dozens by me still, of course much shrivelled, and looking like short black hairs. I shall be happy to show them to your correspondent, or any other medical gentleman curious on the subject.

The lady had but few fumigations, and I suppose got well. I never knew who she was, or who sent her to take the fumigations. The nature of the case, perhaps, with her governed this cautious reserve. The only time I saw the patient was the time I have named. She said she had been teazed with these worms for more than two years. They were continually falling on the carpets, occupying the coverlid and bed linen. She had consulted several of the leading practitioners of the west end, some of whom she named, but had received no relief from what had been prescribed for her; and she attributed her ailment from having fallen asleep in the summer, when lying on the ground, near some stagnant water, and on waking found her mouth almost filled with something very like small worms. A short time afterwards she found her body infested with them, and they had until the time I saw her been continually on the increase.

I am aware that such cases as here related are not familiar to the profession, and have nothing more to offer as to the cause or nature of these entozoon worms, but would refer the inquirer to the appendix of Rayer's valuable "Theoretical and Practical Treatise on Diseases of the Skin," but perhaps more particularly to those naturalists and entomologists who have made this subject a principle of inquiry, as Blainville, Etmuller, Bassignot, &c. My object in this paper was merely to state the few facts I am in possession of, and which I myself witnessed.—*London Lancet.*

LUNATIC ASYLUMS.

No department of the practice of physic can boast so great a progress within the last few years as the treatment of insanity; and it is with a particular pleasure, therefore, that we ever and anon comment on the reports of our great lunatic asylums, as they issue from the press. It is true that, as far as regards the medical part of the treatment, the improvement consists rather in the abolition of the false than in the establishment of the true. The stated bleedings and vomitings of the last generation have disappeared, like the scourgings and the hellebore of earlier times, and have left no fixed practice to succeed them. The physician prescribes for the symptoms as they arise, he gives cathartics to the constipated, and morphia to the restless, but there is no longer any specific for madness. Neither the Anticyra of the ancients, nor "the dark house and whip" of Shakspeare's age, will cure the disease; what *will*, is a problem yet to be solved. But it is some satisfaction, at any rate, to find, in Thomas Carlyle's language, that old false formulas are trampled into destruction; the ground which they occupied, though now bare and desolate, may yet serve as a foundation for truth.

In the mechanical and moral treatment more has been effected. For, besides the abolition of chains and strait-waistcoats, which may be considered as merely negative improvements, abstaining from bad rather than introducing of good—farm-work and manual trades, books, music, and various games, form part of the system in well-regulated mad-houses.

Perhaps some fortunate reasoner may succeed in curing the erring mind by a direct method, correcting the hallucinations of one sense by the evidence of the rest; till this happy era arrives, the physician must content himself with an indirect one. The mind of the lunatic must be withdrawn from its favorite contemplations by the allurement of other and safer objects. An asylum may be advantageously turned into a school, where the inmates are withheld from the airy nothings of their imagination; and as they advance in arithmetic, geometry, or languages, they will forget the sprites who tormented them in their ignorance. In the last annual report of the Glasgow Asylum (from which we gave an extract a few weeks ago) it appears that printing has been lately added to the previous employments of the patients. The first product of this press was a periodical, which went on vigorously for ten weeks, when it dropped, from the discharge of some of its contributors. Since then the press has been busied with other matters; and Dr. Hutcheson, the reporter, anticipates that it will not lack occupation for the remainder of the year.

The boldest proposition which he makes, and in which it is difficult, or rather impossible, to agree with him, is, that every one laboring under hallucination must be locked up, whether mischievous or not.

"When an individual imagines himself to be a supernatural being, to be favored with divine revelations, to be commissioned to redress grievances, to have suffered or to be threatened with injury, to be conspired against, or to be poisoned, he is *dangerous to the lieges*; and, however calm he may seem, however sane he may appear to be on other subjects, however careful and prudent, however acute he may be in business, or skilful in the exercise of his profession, he ought not to be suffered to remain at large, but ought instantly to be placed under treatment and control."

This is a sweeping clause indeed! "If we shut up every woman who changes her mind every minute," says Dr. Smith, in the novel of "Discipline," "who is to make our shirts and puddings?" And if we desire to shut up all who are included in Dr. Hutcheson's comprehensive schedule, who will build asylums enough? Not the men of Glasgow, assuredly; for they are too tardy in subscribing for a single one. Whole classes of religionists, if we mistake not, imagine themselves favored with revelations, and would demand towns metamorphosed into asylums for their reception. Authors against whom Paternoster-Row conspires, and householders constantly ill treated by their ungrateful servants, might swell the crowd, and embarrass the mad-doctors with a superfluity of employment.

The fact is, that Dr. Hutcheson has got into this scrape from an unwillingness to concede that monomaniacs are amenable to the criminal law. If we once allow that the distemperature of Macnaughten's mind, for example, rendered him an irresponsible being, and made a cell in Bethlem his extreme punishment, it will be necessary to shut up these possible criminals by the thousand. But if we admit this dangerous plea in those cases alone where the maniac is so mad that he cannot see the link between murder and the gibbet, these quiet lunatics will remain at large, and society will be satisfied to trust to the law for security. Monomaniacs, in short, will yield to social discipline, backed by Newgate and the gallows, just as they submit to asylum discipline, backed by the belt, the gloves, or a dark cell. But still some portion of danger will be left? No doubt of it. Neither law nor custom authorizes us to guard against every possibility of danger; it is urgent and immediate danger alone which would justify us in imprisoning a myriad of eccentric fellow subjects. But the juries must do their duty. It was said by Burke that trial by jury was the soul of our constitution, and that the object of all law and government was to bring twelve honest men into a jury-box—on the supposition, however, we would add, that the twelve honest men aim at the real, and despise the fantastic. Not a week has elapsed since a jury acquitted the mischievous lad who snapped a pistol at the clergyman officiating in St. Paul's. The alleged motive of the culprit was his indignation at hearing a usurper prayed for instead of James Stuart; so that he would seem not to have been in possession of his senses, and according to different theories, might have been a fit tenant for Newgate or Bethlem. The former would have been the better alternative for society; but even the latter would have been far preferable to the total impunity which the prisoner enjoyed by a simple verdict of acquittal.

The influence of hereditary predisposition in producing madness is evidently considerable; and is proved not only by common observation, but by the records of lunatic asylums. But what is the influence of marriages between relations, without hereditary predisposition? The general belief is, that they are likely to produce imbecility in the children; but whether this belief rests on a sufficient number of facts we know not. It is, at any rate, probable that repeated intermarriages between blood relations, or breeding in and in, as the graziers call it, will cause a speedy degeneracy of mind and body; and it is to be lamented that political considerations make this practice so general among the sovereign houses of Europe. It certainly is not the way to make kings *ablemen*, which, according to Mr. Carlyle, they are etymologically, and should be really. Of these repeated intermarriages Dr. Hutcheson goes so far as to say, that "imbecility or idiotcy is the ordinary result; but positive madness is not an unfrequent occurrence."

He thinks that physical and moral education might be so managed as to be a powerful preventive of insanity; and no doubt he is in the right. But when he adds that this requires no sacrifice of the passions and prejudices of mankind, we believe that few will agree with him. We rather side with what he says farther on, that the task which he proposes is difficult in the extreme, but that the issue will reward the labor. Among the minor and more obvious duties of him who endeavors to give a sound mind to the children of parents who are nearly or quite insane, will be a judicious abstinence from over-instruction. For the first seven years of life, at least, the hours of study should be few and far between; and we would add, that when the years for real study have come on, the exact sciences should form a considerable portion of the child's education. In the records of an asylum where poets and artists abounded, Pinel could not find a single geometer.

Intemperance and want are frequent causes of insanity; and at Glasgow they are unfortunately both on the increase. Want produces despair, and despair seeks a temporary consolation in drinking. Religious terrors are another common source of madness; and the intrusionist question, half shared between religion and politics, has of late produced a good many cases at Glasgow.

In some cases the state of the patients admitted had been made worse by bleeding, which is still popularly supposed to be a prime remedy in mania; and a yet more frequent error is the abuse of drastics, low diet and tartar emetic.

This report, which is benevolent in its tone, and judicious in many of its suggestions, has confirmed us in the opinion which we offered some years since, that the more opulent inhabitants of Glasgow are so sluggish in their subscriptions, that to relieve the misery of its poor a rate should be levied on the town. The asylum now building cannot, it seems, be completed at present to contain 600 patients, but must be opened when ready to hold 350; though the sum required for the larger number would have been by no means enormous. The directors, indeed, boast of their economy, and contrast their expenditure with that incurred in building lunatic asylums in Ireland, where the cost has been greater, though the wages of labor are less.—*London Medical Gazette.*

CASE OF STRANGULATED INTESTINE, FROM ROTATION OF THE SIGMOID FLEXURE—WITH REMARKS.

By Jacob Bigelow, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The Hon. Hugh S. Legare, Attorney-general of the United States, arrived in Boston on Friday, June 16th, and although fatigued by a hasty journey from Washington, was well enough to make calls on some friends in the evening. At 1 o'clock in the night he was seized with frequent abdominal pains, resembling those of colic, and called Dr. Thomas, of Washington, then lodging in the same hotel, to his assistance. During the remainder of the night, and the whole of the next day and night, he was affected with pains alternating with intervals of ease, without constitutional disturbance, and agreeing in character with those of previous attacks to which he had been liable for more than two years, the last occurring in March preceding. Various laxatives and enemata were resorted to, together with counter-irritants, but without removal of the constipation and pain.

Early on Sunday morning I was called to meet Dr. Thomas at Mr. L.'s lodgings at the Tremont House. I found him then suffering frequent paroxysms of pain, which he referred mostly to the lower abdomen, without distinction of side, but which sometimes mounted above the umbilicus. The pulse was at this time 60, the skin natural, with no tenderness on deep pressure of the abdomen in any part, no meteorism, no nausea. Opiates and other remedies were proposed to him, but declined, on the ground that laxatives and mechanical means had relieved his former attacks. During the morning two doses of Epsom salt, with infusion of senna and tincture of hyoscyamus were given, with frequent enemata both aqueous and stimulating, without effect. The pains did not increase, but a troublesome degree of tenesmus made it necessary to suspend the enemata. Elastic tubes were passed throughout the rectum, and water injected through them in the manner recommended by Dr. O'Beirne, but they could not be carried into the sigmoid flexure. His strength meanwhile remained good and his general condition stationary.

At 6 P. M. he was removed without difficulty to the house of a friend, where he was immediately put into a warm bath of 106 deg., from which he expressed great relief and satisfaction. He was then put to bed, and 60 drops of laudanum were administered in two doses. In about an hour, the relief not being perfect, 40 drops of Munn's elixir of opium were given, soon after which he fell into a quiet sleep, and so remained for about 3 hours. Conditional directions were given for repeating the opiate, but it was not found necessary till near morning, when he took 20 drops of the elixir and slept an hour or two more. On Monday morning at 5 o'clock, I found him more comfortable than before, skin temperate, pulse 64, abdomen not tender but beginning to be tympanitic. Castor oil and senna, with hyoscyamus, were now given and retained, and enemata, fomentations and sinapisms were resumed as before. The pain did not return with the same severity as before, but meteorism rapidly increased, with restlessness and tenderness on pressure. At 9 A. M. the pulse was 80, and before 12 it was 100. The face of things having become very serious, Dr. Thomas being absent from the city, I requested farther consultation, and Dr. Warren was called in. The abdomen was freely leeched and rubbed with croton oil. Various ineffectual attempts were made to overcome the obstruction of the intestine by the introduction of various tubes, by inflation of the rectum with a bellows, and by the tobacco injection administered twice. Under this last remedy he said he felt excited, was stronger but more agitated, and his pulse rose from 130 to 140, with increased force. Each injection contained half a drachm in infusion, and was retained nearly half an hour without narcotism or prostration. During the night the patient was restless, retaining his muscular strength in a considerable degree, and frequently getting up to the close stool in the belief of an approaching evacuation. There was never any vomiting nor nausea; the mind was clear, and the natural decisive tone of voice continued. He complained occasionally of a sense of burning at the epigastrium and upper abdomen. About half an hour before death he got up without assistance, and on lying down asked urgently for water. On receiving it, he pushed it away, saying it was filled with ants. A white paper was then shown him, to which he applied the same remark. On being told it was an illusion of sight, he put forth his hand for the glass, but missed it, said a few words incoherently, leaned back, and expired quietly at half past 5.

Autopsy seven hours after death.—Externally the limbs were very rigid, and there was much lividity about the head and back. The abdomen was greatly distended. On laying it open the cavity seemed nearly filled by the sigmoid flexure of the large intestine, which extended across the abdomen into the right hypochondrium, and was in a state of such distension, that its external circumference was in one place fifteen inches. It had a dusky green color, as if from commencing gangrene, but there seemed to be no softening, nor diminution of the natural polish. The two extremities of the flexure connected with the colon above, and rectum below, were felt to be twisted together about the mesentery as an axis, into a firm cord or neck, about an inch in diameter; and on being carefully untwisted, the whole included portion was found to have made four turns, or two entire revolutions upon itself. There was no line of demarcation between the healthy and strangulated portions, nor was there any appearance externally of old disease about this part. The small intestine and the colon were moderately distended, but the rectum was rather contracted. The cavity of the peritoneum contained a small quantity of turbid reddish fluid, and in one place there was recent lymph upon the small intestine, but there were no other appearances of inflammation. Owing to the state of the body and the place of examination, the intestine was not opened, and no farther dissection made.

Remarks.—Internal strangulation, we have reason to believe, is a fatal disease except in rare instances in which a spontaneous restoration of the parts may under favorable circumstances have taken place. But the resources of art are for the most part unavailing, from our ignorance at the time, of the nature and place of the lesion, and from the inaccessible situation of the part, unless by a dangerous operation, not to be justified under any diagnosis which can be seasonably made out. Among the various causes known to have occasioned strangulation, the rotation or twisting of the intestine is less common than some others. Yet in addition to the case which has now been described, two others have occurred in this city, under the observation of Drs. Homans and J. B. S. Jackson, the record of which I have seen, in which fatal strangulation occurred from the torsion or twisting of the sigmoid flexure.

Professor Rokitansky, of Vienna, in a work on internal strangulations of the intestines, divides these lesions into three species. Of these, the second species consists in the rotation of one part round an axis most commonly formed by some other part. It appears to be the result of his experience that rotation round the mesentery as an axis can happen only to the small intestine.* But it appears from the case above detailed, and the two others alluded to, that the large intestine is capable of undergoing this rotation, and from its anatomical position, no part seems more exposed to this change of situation than the sigmoid flexure.

From remarks made by Mr. Legare during his illness, it is believed that in some of his former attacks of colic and constipation, relief was obtained by the introduction of the elastic tube beyond the seat of the stricture. This happy result is to be ascribed to the spasmodic character of the obstruction then existing. But when the intestine is rendered impervious by mechanical strangulation, it is evident that an instrument would sooner perforate the coats of the canal, than admit of being forced through the closed and tortuous passage. In the present case, tubes, some of which were two feet in length, were introduced into the rectum, and water injected through them continually to facilitate their progress. But the more flexible tubes were bent into a coil in the rectum, and the more rigid ones were irresistibly stopped at the sigmoid flexure, and could not be further forced without danger of perforating the intestine, an accident well known to have followed injudicious and violent efforts.

Boston, June 30, 1843.

AN ILLUSTRATION OF THE EFFECTS OF MUSCULAR EXERCISE.

[Communicated for the Boston Medical and Surgical Journal.]

The benefit of muscular exercise is well known, but the *manner* in which the system is benefited can only be known by an illustration of the physiological phenomena. The whole illustration depends upon one simple, obvious fact. In bleeding at the arm, for instance, if the fingers and forearm are put in motion, the quantity of blood emitted from the orifice is instantly and sensibly increased. The amount of blood which flows through the veins by the addition of this motion of the muscles, is doubled or trebled in the same time. Every body knows the necessity of keeping a person still who is bleeding at the nose, the lungs, or in any other part of the body. I shall be sufficiently understood without going into a description of the circulation of the blood. When the whole body is in motion, the same proportional increase in the quantity of blood takes place in all the veins. Twice or three times the ordinary amount of blood is sent into the heart in the same time. The heart, compelled to receive the blood, propels it immediately into all the organs of the body, the lungs, the brain, the stomach, the liver, the bowels, &c. The organs being thus doubly fed by the agency of the muscles upon the bloodvessels, are actually increased in size, in the same manner as plants and trees are increased in size, by increasing the amount of nourishment which they imbibe.

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* British and For. Med. Review, III. 496, 498.

The great increase in the size of the muscles, especially in the size of the muscles of the forearm and legs in people who exercise constantly and laboriously, is known to every body. A corresponding increase in size takes place in all the other organs of the body.

In opening the body of a man brought up to labor, we may observe that it is not simply his muscles which are enlarged ; his brain, his lungs, his heart, his stomach, his liver, bowels, bones, and every other part, are all of a size corresponding to the greater size of his muscles. Yes, the brain of the laboring man is as much larger and stronger than the brain of the inactive man, as his muscles are larger and stronger. The organs of his body have been more constantly and abundantly supplied with blood than the organs of the inactive man—premising that he has received an ample supply of food. The broad and ample chest of the active man only expresses the magnitude of the lungs and the heart which it contains ; the broad back and well developed abdomen only show the ample size of the organs which they environ.

Exercise, by itself, has no tendency to increase the size of the body in general, or of the organs in particular. I should say its tendency was to diminish its size. Neither is it by mere jactitation or motion in itself considered, that the body is benefited. The main use of exercise consists in its agency in supplying the organs with a greater amount of blood. Blood is to the organs what food is to the stomach. It is their nourishment and strength. The constant cry of all the organs is for blood, more blood ! Faintness and languor ensue in some one or in all the organs whenever this demand is not satisfied.

Exercise is often recommended for a want of action or torpor in the various organs of the body, and very justly. For instance, it is recommended for a torpor of the bowels ; but mere motion can have no effect in awakening the peristaltic action of the bowels ; it is only by the agency of exercise in forcing fresh supplies of blood into the coats of the intestines, thereby giving them new life and vigor, that the peristaltic motion is increased. People can never be made to take a proper degree of exercise until the necessity and the benefit of it are clearly demonstrated. This will constitute a sufficient and permanent motive. Laborious exercise will then even be valued and practised by the weak and fragile. Health, strength and happiness very much depend upon the agency of muscular exercise in the propulsion and distribution of the blood. It is well known that the right arm and hand, as well as the right leg and foot, are both larger and stronger than the left. This effect is the result of the greater exercise which the right arm and leg are subject to ; that is, the muscles of that side meet with a more full and constant supply of blood, and are consequently enlarged and strengthened. The circulation of the blood will always require the agency of muscular exercise, for the health of the body and the full development of its organs. Neither the brain, the stomach nor the lungs can attain their full strength and size without it. Weakness and imbecility will lurk somewhere. D. B. Slack.

Providence, June 23d, 1843.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

JULY 5, 1843.

*Physical Diagnosis of Diseases of the Lungs.**—Such is the mortality in this country by diseases of the lungs, that there should be a decided expression of thankfulness towards those who write or publish any thing calculated to throw light where it is so much needed.

Notwithstanding the apparent efforts to make it appear that men and women are no more predisposed to diseases of the lungs, in the northern and eastern States, which produce death, than in the most favorable spot on earth, the fact is notorious that a great multitude of people die annually in these States of pulmonary consumption. And it is equally true that the internal administration of medicine has no permanent influence in arresting the progress of the disease. All treatises, therefore, of whatever name or kind, relating to these complaints, are naturally sought for with avidity.

Walter Hayle Walshe, M.D., the author of the duodecimo before us, is professor of pathological anatomy in University College, London, and physician to the hospital for consumption and diseases of the chest. The presumption, therefore, is that the experience of Dr. Walshe entitles him to speak with authority; and moreover, such is the value of his personal influence and reputation at home, that he is regarded with peculiar favor by the profession.

It is divided into three parts:—The first contains a general description of the methods of physical diagnosis, not materially different from that of all the modern writers. He dwells sufficiently on inspection, application of the hand, mensuration, percussion, auscultation and *succussion*. In Part II. he presents a table, exhibiting the physical causes and ordinary seat of the different physical signs, together with the names of the diseases in which they are observed. Part III. embraces a running commentary of one hundred and thirty-three pages, in which the professor makes an exhibition of all his strength, and proves himself to be a close observer, a judicious, thoughtful physician, who studies with intense application every indication of a deviation from health, so that no rhonchus escapes him, no twinge goes unnoticed, nor is any symptom allowed to pass away without being subjected to a rigid examination.

Such is the general character of Dr. Walshe's physical diagnosis of the diseases of the lungs.

Lithotripsy.—Breaking a stone in the bladder by instruments, is called *lithotripsy*. In France it is practised more than in any other country, and with a degree of expertness that has encouraged many surgeons to hope that the fearful operation of lithotomy may yet be wholly abandoned. Dr. Alban Goldsmith, of New York, has become particularly distinguished for his devotion to this kind of surgery. He says, "I believe that I can claim to have had as large an experience in stone, as any surgeon of my date. The bulk of all the operations for stone in the western country was divided between Dr. Dudley, of Lexington, and myself. I claim, too, as great success as any who has cut for stone in the country—but I always felt uncertain as to the result in the most favorable circumstances. Therefore, as soon as I heard of this operation of lithotripsy, I went to Paris to test its practicability by personal observation; since that time I have practised lithotripsy with gradually increasing success. I know that I could now manage many cases with ease, which, in the early part of my lithotriptic practice, I abandoned to lithotomy."

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* The Physical Diagnosis of Diseases of the Lungs. By W. H. Walshe, M.D., &c. Lea & Blanchard: Philadelphia, 1843.

We have extracted the above quotation from the preface of a pamphlet recently published in New York, by Dr. Goldsmith. Those who are unacquainted with the claims of the author, will please to recollect that he was formerly a professor of surgery in the Medical College of Ohio, and more recently filled the chair of operative surgery at the College of Physicians and Surgeons in New York.

The pamphlet presents rather a condensed history of the surgery of the bladder, from the Egyptians to the present day. Reference is made to instruments proposed by Alsaharavius, in 1519, and to those used by Sanctorius, about 1626, but without making the subject half as interesting as it might have been. Finally, he exhibits engravings of M. Civiale's instruments—comments upon them, and shows how they differ from Le Roy's &c. Baron Heurteloupe's contrivance has the preference, and perhaps justly so, in the estimation of Dr. Goldsmith, whose opinion is obviously entitled to respect in such matters. Then follows a number of well marked cases, illustrative of the high value of the modern discovery, that obviates most happily, in certain cases, the necessity for one of the most formidable and perhaps terrible resources of art. From the results of the whole, he deduces these important facts.

"1st. That every person laboring under stone, can be cured without risk of life, provided they apply at an early stage of the disease; and in the case of young children, when they have not more than one stone.

"2d. That lithotripsy, as at present practised, does away, to a great extent, with a bloody, and in all cases dangerous operation.

"2d. That it gives but little pain, and does not intefere with the avocations of the patient."

Surely, this is altogether encouraging, and well calculated to gain the confidence of sufferers—while it shows the onward progress of art, in promoting individual comfort.

Very much more might have been made of the subject than Dr. Goldsmith has seen fit to write. It is not a good piece of English composition, as it abounds in repetitions, and we regret extremely that more care had not been bestowed upon it. On the other hand, by way of apology, it might be said that surgeons have no leisure for elegant sentences—if they are understood, that is all that is required of them in descriptive effort. But we shall not criticize very severely the manner, since the matter is alone essential in this instance, and is particularly worthy the examination of those afflicted with stone.

Diseases Peculiar to Women.—Samuel Ashwell, M.D., obstetric physician and lecturer to Guy's Hospital, London, is the author of a well written treatise on the above subject, so clearly practical in its character, that it seems to leave no point, essential to be known, in an unfinished condition.—This volume belongs to the series of books called the *Library of Practical Medicine, published by order of the Mass. Med. Society, for the use of its fellows*, of which this is the thirteenth consecutive volume.

But the principal motive for speaking of the book is to direct attention to its beautiful typography, which is highly creditable to the taste and judgment of the printer, Mr. T. R. Marvin, of this city. One of the best recommendations of the Mass. Med. Library is that their books are well printed. The antiquity of the matter, or the manner in which most if not the whole thirteen volumes have been anticipated by enterprising publishers, has nothing to do with these remarks. It reflects credit upon the committee of publication that they have employed a man who gives the fellows perfect satisfaction in the mechanical execution of his work for the Society.

Laporte University.—Once before, the fact of the existence of this new school of medicine has been noticed. But where is Laporte ? is a common question. It is in Laporte county, in the State of Indiana. The next new one will probably be on the west side of the Rocky Mountains—and perhaps at the mouth of Columbia river. It was formerly said, that a town at the west was made up of a tavern, a school house, and a blacksmith's shop. By and by it will be added, *and a medical institution.* However, this Laporte University has a fair reputation, and is constantly gaining upon the respect of the people. In the medical department, last season, there were twenty-seven students, of whom two were graduated. This was doing well for the first year after its organization. William J. Holcombe, M. D., late of Lynchburg, Virg., long distinguished in his profession, has accepted the chair of Physiology and Pathology.

The location is in a pleasant village, twelve miles from Lake Michigan, and immediately on the great thoroughfare, leading from the East to the farther West,—accessible by the lakes or stages. The cost of the whole course of lectures is $78. Graduation fee, $20. Good board, including lodging, fuel, room and light, can be had at $1.50 to $2 per week. Surely, learning is made easy in the United States,—especially the learning of the three leading professions of law, physic and divinity; and since knowledge is power, and all men court it, the Laporte University opens a door for entrance at a rate as reasonable as either necessity or avarice could expect in a civilized country.

Extraordinary Dwarf.—For some weeks past, there has been on exhibition at Mr. Kimball's Museum, in this city, a dwarf so small, so pert, so active and intelligent, that we are unwilling to let the occasion pass without making a permanent record of some parts of his history, which may perhaps be physiologically important to some future medical writer.

The name of this little miniature man, is Charles Stratton,—though universally cognominated Gen. Tom Thumb. We were informed that he was born in Lancashire, England, on the 4th of January, 1832,—weighing at birth, 9 lbs. and 2 oz. Since he was six months old, he is said not to have grown. He is now but 22 inches tall. Our informant asserts that the parents of this boy are of the usual size, and that they have two more children, both girls, fully grown up, of common proportions. Charles is perfectly formed, very athletic, in perfect health and spirits. In sleeping and eating, he has full enjoyment.

These are all the facts we have been able to obtain. Perhaps they are sufficiently minute. He appears now as fully developed in body as he ever will be. In mind, he is a child, where it is presumed he is destined to remain.—Of all the dwarfs we have examined, this excels the whole in *littleness.* We gaze upon his little body, dressed out in the extreme fashion of the day, with indefinite sensations, not easily described, since they are neither precisely painful nor pleasurable, but partake of that class of mixed emotions which are felt, but which language has not been able to explain.

Sir Astley Cooper's Practice.—"You know," said Sir Astley, "when a man writes a cheque, he can hardly make it for less than five guineas." By and by he became accustomed to munificent fees. One ancient merchant, Mr. Hyatt. when pronounced all right again, tossed his night-cap to the surgeon, who, bowing politely, put it in his pocket, and on entering his chariot found pinned inside a bank-note for £1,000. Others regularly paid him liberal annuities. A Mr. Coles, of Mincing Lane, for a long course of time gave him £600 every Christmas. Astley Cooper made more money than any surgeon that ever lived before him. In one year, 1815, his professional income amounted to upwards of *twenty-one thousand pounds.* Throughout the whole thoroughly active period of his life, he was in his dissecting room, winter and summer, by six o'clock at the latest; by 8 he was dressed for the day and at the service of gratuitous patients, who occupied him till half past nine. His breakfast with his family occupied but a few gay minutes; and by 10 his waiting rooms were occupied by patients, who continued to stream in by the dozen until one o'clock. Sometimes the people in the hall and anteroom were so numerous that he dreaded the ordeal of explaining the necessity for his departure. He was in the habit under such circumstances, of escaping through the back yard into his stables, and so into the passage by the side of Bishopsgate Church. He would then run round past his carriage, which was standing at the front door, into Wormwood Street, to which place he would be immediately followed by his coachman, who well understood the *ruse.* He was in a few minutes at Guy's, where a hundred pupils were waiting on the steps. They followed him into the wards of the hospital, and from bed to bed, until the clock struck two—then rushed across the street to the anatomical theatre and the lecture began. At three he went to the dissecting-room, and observation, direction and instruction kept him busy here for half an hour. Then he got into his carriage, attended by a dresser, and his horses were hard at work until 7 or 7½ o'clock. His family were assembled, dinner was instantly on the table, and he sat down apparently fresh in spirit, with his attention quite at the command of the circle. He ate largely, but cared not what—after twelve hours of such exertion, he, as he said, "could digest any thing but sawdust." During dinner he drank two or three tumblers of water and afterwards two glasses of port—no more.

He then threw himself back in his chair and slept. He seldom required to be roused, but awoke exactly as the allotted *ten minutes* expired, started up, gave a parting smile to every body in the room, and in a few seconds was again on his way to the hospital. There was a lecture during every other evening of the season; on the odd nights, however, the carriage was generally at his door by eight, and he continued his rounds of visits till midnight, often till one or two in the morning. His carriage was well lighted; and by night as well as day, in passing from one house to another, his attendants were writing to his dictation, the chronicle of each case kept pace with the symptoms. When called into the country he usually said to the post-boy, "I give three pence a mile for bad driving, four pence for good, but six pence if you drive like the devil." Such for full fifteen years was the existence of the great surgeon of Broad Street, St. Mary Axe.

Harmony in the Medical Profession.—Our present pursuits afford us considerable insight into the state of the profession, and reveal, among other things, the social concord and discord of its members, in the same town or neighborhood. We are happy to say, that, with few exceptions, we have found our brethren, in this quarter, rather more harmonious than we have ever seen them in any other part of the Union. This does not arise from boyhood associations, in a common native land, for the communities of Mississippi and Alabama are really new; and their physicians are emigrants from several States, chiefly Georgia, the Carolinas, Virginia, Tennessee and Kentucky. It therefore speaks well of them as men. Nor is it the fear of being challenged, keeping them in formal courtesy; for duelling is almost unknown and unthought of among them. On the contrary, we are disposed to ascribe much of it to an influence which equally condemns discord and duelling—that of christianity, under which we have found a great number of the most respectable and influential physicians. It is delightful to contrast this with the infidelity, intemperance and profanity which prevailed thirty years ago. *Esto perpetua.—Dr. Drake's Travelling Editorials, in Western Journal of Medicine and Surgery.*

Death of Dr. Chandler Smith, of Worcester.—Dr. Smith, formerly of Princeton, but for some years past of Worcester, died at the latter place on the 28th ult., aged 40. A correspondent states that "his health had been bad for many months. He was attacked about four weeks ago with inflammation of one of the testes, which after much pain suppurated. He was supposed to be doing well, when an attack of influenza, in his debilitated state, reduced him to a dangerous condition, and death relieved his sufferings on the fifth day of the attack. Dr. Smith was a worthy man, beloved by a wide circle of friends, and esteemed as a good physician."

Married,—In Hartford, Ct., Dr. P. M. Hastings, of Clinton, N. Y., to Miss Jane Sheldon.—In Strafford, Vt., Ephraim Carpenter, M.D., of Troy, N. Y., to Miss Edna Morrill.—At Fairfield, Fauquier county, Va., Dr. Richard Cary Ambler, of Richmond, to Miss Susan Marshall.

Died,—In Hartford, Ct., William R. Boardman, M.D., aged 24.—In New York, Dr. Alexander M'Kenzie, 48.—In Greece, N. Y., Dr. Solomon B. Findley, 54.

Number of deaths in Boston, for the week ending July 1, 37.—Males, 19—Females, 18. Stillborn, 5.

Of consumption, 4—inflammation of the bowels, 1—neuralgia, 1—marasmus, 1—debility, 1—phthisic, 1—intemperance, 2—smallpox, 1—influenza, 6—spine complaint, 1—lung fever, 1—convulsions, 1—dropsy in the heart, 1—old age, 1—scrofula, 1—hooping cough, 2—child-bed, 1—croup, 2—dropsy, 1—hemorrhage, 1—paralytic, 1—typhus fever, 1—sudden, 1—spasms, 1—dropsy on the brain, 1.

Under 5 years, 8—between 5 and 20 years, 4—between 20 and 60 years, 20—over 60 years, 5.

Chemical Discoveries.—MM. Danger and Flandin have lately deposited a sealed packet with the Academy of Sciences in Paris, in order to insure their claim to priority as respects its contents. It will not be opened until some further researches by those chemists have been made on the mode of detecting poisoning by copper or lead. Neither of these metals exists in the viscera in their normal condition, but it is said that an examination of one ounce weight of a viscus after death is competent to determine if any have been taken during life. Hydrated persulphuret of iron is proved to be at the same time one of the best antidotes to the poisonous effects of arsenic, copper, lead, and corrosive sublimate.—*London Lancet.*

Prison Diet.—Sir James Graham has addressed a letter to the magistracy of the country on the subject of *prison diet*, in which he states that that quantity of food must in all cases be given to prisoners which is sufficient to maintain health and strength; the diet on no account to be made an instrument of punishment. The necessity for such a direction forms a melancholy comment on the humanity of the body of persons to whom it is addressed. Much ignorance prevails generally on the subject of sufficient and suitable diet. The diet-scale of the British navy may be taken, as affording a specimen of the first class of diet for men, to insure health by its quantity and quality. It consists of from thirty-one to thirty-five and a half ounces of dry, nutritious matter, daily. Of this, twenty-six ounces are vegetable; the rest is animal food, consisting of nine ounces of salt meat, or four ounces and a half of fresh; sugar and cocoa, in fluid, are given besides. British troops, on their voyage to the East Indies, are victualled thus:—Their diet is the same essentially with that of the seamen navigating the vessel, but as there is not the same necessity for exertion in the soldier on board, it is diminished to twenty-three ounces and a half of dry vegetable matter, and eight ounces of animal, per day, or about one-tenth less than that supplied to the seamen. The health of the troops is almost always good on landing. The circumstances which occurred at the Milbank Penitentiary, in 1823, are now held up as a warning against the reduction of diet-scales. The allowance to the prisoners was formerly from thirty-one to thirty-three ounces of dry nutriment daily, and the prison was then considered healthy; but in 1822 it was reduced to twenty-one ounces. The health of the prisoners continued unbroken for *nearly six months*, but scurvy then showed itself unequivocally in 52 per cent. of the prisoners. Surgeons should communicate important facts like these to the visiting magistrates of the jails.—*Ib.*

Injection of the Joints.—M. Bonnet has, since 1841, adopted the practice of puncturing, and injecting solutions of iodine into joints in which dropsy or abscess exists. He recommends for use a solution composed of iodide of potassium, two drachms, and pure iodine one drachm, dissolved in one ounce of water, which is about the quantity that may usually be injected into a joint suffering from hydrarthrosis, an equivalent quantity of fluid being first drawn off by a canulated trocar. Acute and painful inflammatory symptoms in the joint usually resulted at first in the cases of dydrarthrosis thus treated by M. Bonnet, but all these symptoms are said to have disappeared after two or three days, and were followed by a speedy cure.—*Gaz. des Hopitaux.*